Alternative Residency Affidavit
For use by Individual Applicants under age 18, present at RMV Service Center

This affidavit may be presented by individuals unable to prove Massachusetts Residency using the established acceptable residency documents list due to their status as a minor, defined as an individual under the age of 18. Upon proper completion, review and approval of an RMV representative, this affidavit may be accepted as one proof of Massachusetts residency.

CERTIFICATION INSTRUCTION OPTIONS FOR INDIVIDUALS UNDER THE AGE OF 18. Choose Option 1 or Option 2.

Option 1) Applicants under the age of 18 may appear with their Parent/Guardian at an RMV Service Center and complete this affidavit in the presence of an RMV official. The Parent/Guardian must hold a Massachusetts License/ID showing same residential address as the applicant.

Option 2) Applicants under the age of 18 may appear with their Parent/Guardian to complete this form in the presence of a Notary Public prior to presentation at the RMV. The Parent/Guardian must present to the notary public a Massachusetts License/ID showing the same residential address as the applicant. The Parent/Guardian is not required to be present at the time of application at the RMV if Option 2 is chosen and completed.

Applicant Information

Name

Residential Address (Must be a street address. PO Box, business or commercial addresses are not acceptable.)

Street  
City  
State  
Zip Code

Email  Phone #

Applicant Signature:  __________________________________________________________  Date: _______________________________

Certification and Signature of Parent/Guardian

I hereby certify that the above named individual resides at the location indicated above.

Name  Massachusetts Driver's License or Identification Card Number:  

Residential Address (Must be a street address. PO Box, business or commercial addresses are not acceptable.)

Street  
City  
State  
Zip Code

Relation to the Applicant

I have read the statements contained in this Affidavit and swear that they are true and correct. I understand that I am signing this Affidavit under the penalties of perjury and that I may be punished for false statements by fine, imprisonment or both under Massachusetts General Laws Chapter 90, Section 24B and that my Driver's License/ID Card may be revoked for false statements.

Parent/Guardian Signature:  _________________________________________________________  Date: ___________________________

Notary Public Certification Section  Complete only if Option 2 is chosen.

*On this _____ day of _____________, 20___, before me, the undersigned notary public, _________________________________________ (name of Parent/Guardian signer) personally appeared, proved to me through satisfactory evidence of identification, which were ____________________, to be the person who signed the preceding or attached document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

Seal of Notary Public

Notary Public Signature  Commonwealth of Massachusetts

County of __________________

Commission Expires:__________